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CONFIRMATION NO. 1772

FILING OR 371(c) **ATTORNEY** DATE **GROUP ART UNIT CLASS SERIAL NUMBER** DOCKET NO. 04/09/2004 10/822,181 600 3768 18989-030 UTILA RULE **APPLICANTS** Kullervo Hynynen, Medfield, MA; Gregory T. Clement, Boston, MA; ** CONTINUING DATA ***************** This appln claims benefit of 60/463,589 04/17/2003 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/22/2004 □ yes ☑ no Foreign Priority claimed STATE OR **SHEETS TOTAL** INDEPENDENT 35 USC 119 (a-d) conditions yes no Met after **COUNTRY DRAWING CLAIMS CLAIMS** met Allowance MA 42 10-22-06 23 Verified and Examiper's Signature Acknowledged **ADDRESS** 30623 TITLE Shear mode diagnostic ultrasound All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of FEES: Authority has been given in Paper FILING FEE No. _____ to charge/credit DEPOSIT ACCOUNT **RECEIVED** time) 683 No. _____ for following: 1.18 Fees (Issue) Other ☐ Credit